

1	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
2	(6)	
	(7)	
	(8)	
	(9)	
	(10)	

Please fill in the box.(the bold part is mandatory)

Put your sticker for Section 1
with the bar code here.

Name		Examinee Number	
		—	
Date of Birth (year)		(month)	(day)
Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/>		Age	
Address			
		/ 15	

3	(11)	
	(12)	
	(13)	
	(14)	① ----- ②
	(15)	① ----- ②

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

● If you have time, please answer the following questionnaire. Check the appropriate box.

Test Time			Level		
Short <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Long <input type="checkbox"/>	Difficult <input type="checkbox"/>	Appropriate <input type="checkbox"/>	Easy <input type="checkbox"/>
What made you decide to take the test?					
• To know my ability / challenge myself. <input type="checkbox"/>		• To prepare for entrance exams. <input type="checkbox"/>			
• To get the certificate and use it in the future. <input type="checkbox"/>		• I like math. <input type="checkbox"/>			
• To make math my strong subject. <input type="checkbox"/>		• Encouraged by teachers, parents or friends. <input type="checkbox"/>			
• Other <input type="checkbox"/>					
You heard the supervisor declare "The envelope containing the test problems was opened today." (Yes <input type="checkbox"/> No <input type="checkbox"/>)					